Shop name / logo
Address · Phone

VEHICLE CHECK-IN FORM

No: _____ Date: ___/___/_____ Time: ___:___

CUSTOMER

Full name _____ Phone _____ Email _____

VEHICLE

Plate _____ Make / model _____ Model year · Colour _____

VIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Mileage _____

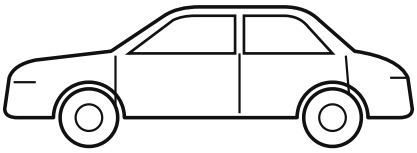
Fuel: ☐ Empty ☐ ¼ ☐ ½ ☐ ¾ ☐ Full **Warning light:** ☐ None ☐ Yes → _____

COMPLAINT / CUSTOMER REQUEST

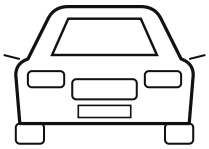
_____

_____

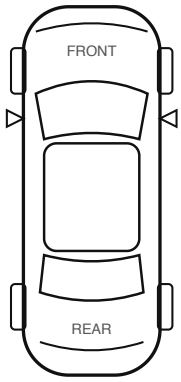
EXISTING DAMAGE — MARK ON THE DRAWING



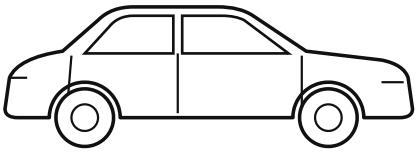
Left side



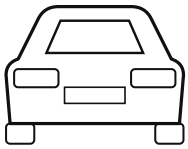
Front



Top



Right side



Rear

[S] Scratch [D] Dent [C] Crack/broken [P] Paint mismatch [R] Rust [W] Wheel scuff · Photos taken: ☐ Yes, ____

_____

ITEMS RECEIVED

☐ Keys (qty ___) ☐ Spare key ☐ Registration document ☐ Spare wheel ☐ Jack ☐ Wheel brace ☐ Floor mats
☐ Radio / screen ☐ Other: _____

☐ No valuables have been left in the vehicle.

APPROVAL — VEHICLE CHECK-IN

I confirm that the details above are correct, that I left my vehicle in the condition described and that I authorise the shop to diagnose it. No repair starts without my approval of a quote. Est. completion: ___/___ ___:___

Customer — name, signature

Received by (shop) — name, signature

VEHICLE HANDOVER (CHECK-OUT)

Handover date / time _____ Mileage _____

Fuel: ☐ Empty ☐ ¼ ☐ ½ ☐ ¾ ☐ Full **Belongings:** ☐ All returned ☐ Missing → _____

I have received my vehicle in the condition above, together with all the items I left.

Customer — name, signature

Handed over by (shop) — name, signature

Your personal data is processed by _____ (shop) to provide the service; ask the shop for its privacy notice.

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